

# MEDICAL CONTROL AUTHORITIES STRENGTHS AND WEAKNESSES

Michigan Department of Community Health  
2012 Evaluation Survey

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## Ideas

- Protocol Submission Process
  - ▣ Streamline for next rollout
- Protocol Education Confirmation
  - ▣ MI PE<sup>2</sup>DS project results

## Evaluation Tool

- Circulated to MCAs June 2012
- Questions based on
  - MCL 333, Part 209 aka: Public Act 368 of 1978
  - Administrative Code R 325.22101 thru 325.22217
- 63 MCAs in Michigan
  - 84% Responded (n=53)

## Contents

- MCA Designation and Organization
- Medical Director
- Granting of Medical Control, Due Process
- Protocol Development
- Quality Improvement and PSRO
- Pharmacy
- Communication Systems
- Participation in Related Community Activities

## MCA Designation and Organization

- Has your MCA had any geographic changes since initial designation?
  - ▣ 25% answered Yes (n=13)
    - Eastern UP
    - Kent
    - Lapeer
    - Midland/Gladwin
    - Newago, Northeast, Northern, Northwest
    - Oakland, Otsego, Ottawa
    - Saginaw Valley
    - Washtenaw/Livingston

## MCA Designation and Organization

- When were your MCA Bylaws last reviewed or revised?
  - ▣ 1-2006
  - ▣ 1- 2008
  - ▣ 4- 2009
  - ▣ 5- 2010
  - ▣ 14- 2011
  - ▣ 15- 2012
  - ▣ 6- “in progress”

## MCA Designation and Organization

- Does the Board also function as the “Advisory Body”?
  - 37 % answered Yes (n=20)
- An MCA Board is an administrative authority of a hospital or hospitals who are responsible for the administration of Emergency Medical Services
  - An Advisory Body shall include a rep of each type of life support agency and each type of personnel functioning within an MCA's boundaries
    - MCL 333.20918(2)

## Medical Director

- When was the Medical Director appointed to the position?
  - Earliest 1983
  - Latest 2012
- Does the Medical Director meet the qualifications for appointment? (Board Cert EM, EM practicing, ACLS, ATLS)
  - 1 did not meet qualifications (new med director was awaiting appointment to the that MCA)

## Medical Director

- How was the Medical Director chosen and appointed?
  - ▣ 33% not chosen through MCA
    - Medical Practice Group
    - ED providers, Hospital administration
    - Hospital CEO
    - ED Director
    - Hospital Admin

## Medical Director

- What formal role does the Advisory Body play in the appointment of the Medical Director?
  - ▣ R202 (e) Appoint a medical director, with the advice of the advisory body
  - ▣ 16% have no formal role
    - “agreed with hospital decision”
    - medical director rotates every 2 years between 3 hospitals

## Medical Director

- Are there multiple or “deputy” medical directors appointed in your MCA?
  - 32% (n=17)
- Has the Medical Director completed an education program for EMS Medical Directors, sponsored by the Department within one year of appointment?
  - 81%
- Does the Medical Director participate at least once every 2 years in a Dept approved program related to EMS medical control issues?
  - 90%

## Granting of Medical Control, Due Process

- Describe how your MCA holds Life Support Agencies “accountable” in the provision of EMS service.
  - Approved response time standards and personnel skills testing
  - Competency testing of protocols
  - Protocol Audit
  - Runs reviewed
  - Due process state protocol adopted
  - Routine CQI
  - PSRO process
  - Specific protocols
  - Review 100% of runs
  - Annual Roster submission
  - Protocols in place
  - Participate on MCA board

## Granting of Medical Control, Due Process

- Is there a formal process in your State approved protocols to grant authority to a Life Support Agency?
  - ▣ 83% (Nine answered No)
    - “no, it’s a state function”
    - “yes, according to state protocol”

## Granting of Medical Control, Due Process

- Is there a formal process to grant authority to function as EMS personnel in your MCA?
  - ▣ 75% (13 said no)
    - “Licensure” (No)
    - “Yes, written protocol test score of 80% or higher, ACLS and PHTLS current certification

## Granting of Medical Control, Due Process

- Is there a written, step-by-step, disciplinary process in place within the MCA system?
  - ▣ 94%
  - ▣ Most referred to protocol 6-3, 6-5, 6-7.

## Granting of Medical Control, Due Process

- How does your MCA assure that only those licensed individuals or agencies authorized by the MCA to provide patient care are functioning within the MCA's EMS system?
  - ▣ No formal process after granting of initial privileges
  - ▣ Annual roster submission
  - ▣ Agency's responsibility
  - ▣ Annual review
  - ▣ Only 1 agency in MCA
  - ▣ Authorized agencies are known by hospital staff, all others reported
  - ▣ Monitoring PCR's
  - ▣ Rural environment, single dispatch



## Granting of Medical Control, Due Process

- How does your MCA assure that Life Support Agencies are assessing the clinical competency of their staff before that individual provides patient care?
  - "Agency orientation program"
  - "Proof of licensure"
  - "State requirements of refresher and re-licensure"
  - "Responsibility of LSA and their medical director"
  - Annual competency checklist
  - "Up to each agency"
  - "FTO program, skills competency checklist, time spent in ED, practical evaluation by Medical Director, passing grade on protocol test"
  - Annual practical training
  - MCA orientation process, protocol testing
  - Required certifications (ACLS, PHTLS)
  - Medical Director interviews for clinical and decision making capabilities
    - Eastern UP, Gogebic/Ontonagon, Genesee, Kzoo, Kent, Iosco, Saginaw Valley

## Protocol Development

- Is the MCA involved in regulation of interfacility transfers, either wholly within or originating from within the MCA boundaries?
  - 83% (n=44)
- Do agreements with other medical control authorities exist to allow for interfacility transfers that both begin and end outside of the "home" MCA of a Life Support Agency?
  - 35% (n=19)
    - Bay, Charlevoix, Clare, EUP, Iosco, Luce, Macomb, Mason, Mid/Glad, Monroe, NE, NW, Oceana

## Quality Improvement and PSRO

- Does your MCA have a quality improvement program in place and functioning?
  - ▣ 100%!
- Does the Quality Improvement program include a formal Professional Standards Review Organization?
  - ▣ 90%
    - “As needed basis”
    - “Agency Responsible for own QI”

## Quality Improvement and PSRO

- How does your MCA make use of the local agency data collected by MDCH in the Image Trend system?
  - ▣ 52% currently use
  - ▣ Studies and to randomly select cases for review
  - ▣ To develop CE for competency
  - ▣ Daily reports
  - ▣ No access to system
  - ▣ Agency data used instead
  - ▣ Difficult to access
  - ▣ Due to lack of staff, unable to use data

## Quality Improvement and PSRO

- What is done with the data collected under that program from each Life Support Agency to improve quality of care within the system?
  - ▣ CE created based on procedures seldomly used
  - ▣ Summaries provided to agencies to improve quality
  - ▣ Benchmarks and process improvement
  - ▣ Feedback provided to medics for ongoing QI
  - ▣ Stats and trends for CARES and STEMI
  - ▣ Monthly dashboard of all agencies
- Eastern UP, Genesee, Ionia, Kalamazoo, Lakola

## Pharmacy

- Are there written procedures to assure the temperature control of drugs and IV solutions? How is compliance verified?
  - ▣ ???
  - ▣ 30%
    - "Hospital pharmacy responsibility"
    - "Need a state protocol for guidance"
    - "Pharmacy drug box protocol"
    - "Agency internal process"
    - "Verification from pharmacist of suspected poor temperature control"
    - Discussion between 59 and 76 degrees

## MCA Communication System

- Who is responsible within your MCA for maintenance of records of communication with EMS providers?
  - ▣ Hospitals
  - ▣ Central Dispatch
  - ▣ MCA Staff
  - ▣ ED Manager
  - ▣ MEDCOM
- How does your MCA assure that all communications between EMS units and hospitals are recorded?
  - ▣ Monthly checks
  - ▣ Random Checks
  - ▣ Biweekly Checks

## Participation in Related Activities

- What is the involvement of MCA in the local 911 Public Safety Answering Point(s)?
  - ▣ 83% have relationships
    - 911 Director has seat at MCA
    - MCA has seat on 911 board
- Is the MCA actively involved in the provision of formal, medically directed “Emergency Medical Dispatch” systems used by the local 911 system?
  - ▣ 73%
    - Problems forwarded to medical director
    - EMD under direction of MCA

## Participation in Related Activities

- Is the MCA involved on a regular basis with hospital planning for activities outside the hospital campus?
  - 79%
    - Emergency Ops Coordinator on MCA
    - Disaster Exercise planning
    - Community education and outreach
    - County and Regional drills
    - Committees

## Questions?

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## Working Lunch

- Interfacility/MCA Agreements
  - ▣ Table 1,2,3
- Advisory Body
  - ▣ Table 4,5
- Accountability and Authorization
  - ▣ Table 6,7,8
- MI EMSIS
  - ▣ 9,10,11
- Competency Assurance
  - ▣ 12,13,14
- Hospital Planning Activities
  - ▣ Table 15,16
- PSAP involvement
  - ▣ Table 17,18